

Discussion Group #1 Consumer Health Outreach

The RML would like to encourage and support programs/activities that promote access to credible health information resources—particularly in communities with pronounced health disparities.

Please discuss and answer the following questions with your group.

Before you start, please identify a volunteer who will present a summary of the group's feedback for general discussion at 2:00 p.m.

1. How would skill in evaluating credible health information (i.e. health information literacy) specifically benefit health issues or concerns of communities you serve?
2. In what ways can activities to promote access to NLM resources be integrated into your programs or services?
3. Are there specific opportunities to promote health information literacy (and NLM resources) to professional associations, community groups, or state or regional agencies that you work with or know about?
4. After participating in a training session on health information access, health literacy, and/or NLM resources, what would motivate you to "pass it on" (i.e., share the information by training others in your agency or in the community)?

DISCUSSION NOTES

- 1) How would skill in evaluating credible health information make a difference to your communities?
- 2) In what ways can activities to promote access to NLM resources be integrated into your programs or services?

Melanie – Her users want it to work like a public library – i.e. librarians get the information for them – MedlinePlus = immediately trustable information. Many consumers don't want to do the searching themselves. She doesn't see the ones who do it for themselves. Teaching her patrons how to ask the right questions would help her consumers.

Steve – MedlinePlus is the only website he allows students to use (drug & alcohol treatment info). If people are asking questions about health information – that's a good thing. Steer them to MedlinePlus. If they go to MedlinePlus, you don't have to teach them how to evaluate a website. MedlinePlus saves time. Cell phone, texting, etc. are where youths are getting their information.

Melanie – We worry too much about teaching people how to do it, people are just wanting information and we can give them that.

Steve – Health literacy as a focus. Wants to incorporate health promotion & education into existing activities (e.g. Pow Wows).

Melanie – Teaching people how to identify a good website when giving people a list of resources.

Steve – Target key people, leaders in the community and then the trickle effect occurs.

Helen uses Rx prescription pads (but hasn't seen any use of them).

Melanie – They have their own Rx pads. But physicians are using them for themselves, not giving them to their patients.

Nikki – Targeting nurses is a good method – may be more open to providing patients with information. Patient educator is a library supporter but it's hard to find time to chat.

Helen – Our own hospital population is underserved. CME credit will be offered to MDs to work with patient education.

Gail – “Inreach” – ways to integrate and outreach in your own agency.

Helen – Library to have a leaflet in patient education packet.

Helen – Often the hospital library doesn't have the authority to add any links to a Web site – often the patient education is a contracted database (e.g. Healthwise).

Gail – Another barrier is library lingo.

Helen – Likes the KVCH name (Community Health Library); wants to change the name of her library to something more consumer-friendly.

- 3) Are there specific opportunities to promote health information literacy to professional associations, community groups, or state or regional agencies that you work with or know about?

Helen – Central & Eastern Oregon are untapped. “Ken” from the public library was going to do some training, but there hasn't been any.

Opportunity: Warm Springs Tribal group – clinic

Steve – Seattle King County made up of small groups. Seattle Public Schools, Indian Heritage Middle College (alternative high school), Pow Wows (e.g. at HEC ED). Wants to see Pow Wows turned into a coordinated effort for health promotion & education, potlatches, canoe groups, etc.

How to integrate MedlinePlus into everyday use (e.g., incorporate MedlinePlus into curriculum, such as ToxTown, fold it into lesson plans).

Melanie – Health fairs, etc. Use a special, unique item that people will take away and continue to use (e.g. chapstick).

How to avoid marketing saturation?

- 4) After participating in a training session on health information access, health literacy, etc. what would motivate you to 'pass it on' (i.e., share the information by training others in your agency or in the community)?

Make it easy – has to be a timesaver (especially for teachers).

Melanie – e.g. PubMed update – keep providing opportunities for training on databases that change frequently, as this re-energizes her to keep telling and reminding her patrons.

Train the trainer model – how many librarians are actually using their training to train others? Training has to fill a need.

Facilitators:

Gail Kouame (Lead)
Consumer Health Outreach Coordinator
NN/LM PNR

Andrea Ryce
Resource Sharing/Network Coordinator
NN/LM PNR

Participants:

Nikki Dettmar
MLIS Student
University of Washington
Seattle, WA

Mary Diggs-Hobson
Director
African Americans Reach and Teach Health Ministries
Seattle, WA

Kelly Fryer-Edwards
Assistant Professor
Medical History and Ethics
University of Washington
Seattle, WA

Steve Gallion
Youth Service Coordinator
Seattle Indian Health Board
Seattle, WA

Cezanne Garcia
Associate Director
Patient and Family Centered Care and Education
University of Washington
Seattle, WA

Helen Guerrero-Randall
Health Resource Specialist
St. Charles Medical Center
Bend, OR

Ellen Howard
Head, K. K. Sherwood Library
Harborview Medical Center
Seattle, WA

Melanie Jones
Library Coordinator
Community Health Library
Kittitas Valley Community Hospital
Ellensburg, WA